 **Emergency Contact Form**Confidential and Private

Please complete this form as part of your orientation. Type in the form directly and sign, as a digital form your name is sufficient as a signature. Use the highlighter to selecy responses.

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| --- | --- | --- | --- |
| **Course**  |  | **Location**  |  |
| **First Name** |  | **Surname** |  |
| **Delivery**  | Face to face, Flexible, Hybrid, workplace, school, online  |
| **ResidentialAddress** |  |
| **Date of Birth** |  | **Mobile** |  |
| **E-mail** |  |  |  |

 **I. EMERGENCY CONTACT (required):** please provide the name of the person we should contact in the event of an emergency during your studies at NTM. Provide as much contact information as possible. We will only use this information to contact your nominated person in cases such as a medical emergency, bush fire, flood or other emergency. Remember to inform your nominated person you are studying at NTM.

|  |  |
| --- | --- |
| **Primary Emergency Contact Name** |  |
| **Relationship** |  |
| **Mobile** |  | **Work** |  |

 **II. HEALTH/WELFARE INFORMATION (optional):**

To help ensure availability of appropriate services while at NTM, feel free to share with us the following information.

|  |  |
| --- | --- |
| Just highlight yes or no. Provide details if you answer Yes, these questions are optional | **Please provide details:** |
| Are you currently receiving medical or psychological care of which you want us to be aware?  | **No** | **Yes** |  |
| Is there anything in your medical or psychological history of which you want us to be aware? (for example, need for allergy shots, chronic condition).  | **No** | **Yes** |  |
| Do you anticipate needing any assistance while on site (including classroom or training) due to a documented disability? | **No** | **Yes** |  |
| Do you have any caring responsibilities? (including children, family members and those with a disability, this may affect you starting or ending at different times) | **No** | **Yes** |  |

**You can update these contact details by simply going into Teams > Assignment and updating the contact information or email** **admin@ntm.edu.au** **or call 1300 653 501**

|  |  |
| --- | --- |
| **Date** |  |
| **Your Name** |  |